

DRUG POLICY ADVISORY COUNCIL MEETING

Date: October 10, 2013

Place: Pape State Office Building

Called to Order: October 10, 2013 at 1:00 pm

Adjourned: October 10, 2013 at 2:55 pm

Present: Steve Lukan, Paul Stageberg, Warren Hunsberger, Mike McInroy, Lori Lipscomb (for Vern Armstrong), Col. Thomas Staton, Stephan Arndt, Todd Thoeming, Cyndy Erickson, Kathy Stone, Jane Larkin, Chris Wilson, Katrina McKibbin, Lloyd Jessen, Michael Lashbrook (for Jeremy Logan), George Griffith (for David Lorenzen), Shannon Pogones, Steve DeJoode, ODCP Staff: Cinnamon Weinman, and Terry Graham.

Excused: Thomas Bower and Jennifer Miller

Welcome and Introductions

Attendees provided introductions.

Approval of the May 9, 2013, minutes

Motion to approve minutes. Minutes approved.

Prescription Monitoring Program update

Terry Witkowski gave an update on the Prescription Monitoring Program. She stated approximately 29% of all controlled substance prescribers have registered to use the program and approximately 56% of all Iowa licensed pharmacists use the program. Over the last year, between 2011 and 2012, the number of requests increased by approximately 68% and based on the numbers through the end of June it looks like this next year is going to be up another 73% over the number of requests from last year. So there is definitely an increase in usage. There is nothing that requires a pharmacist or prescriber at this point to access the PMP information. There is nothing that requires them to act upon that information if they do access it. The law is very precise about those protections from liability. Terry stated they did start registering agents for practitioners and pharmacists back in July of 2012 and that is catching on very well. What that means is that a prescriber or pharmacist that is registered to use the PMP can designate up to three individuals who are also health care practitioners, like nurses and CMAS, who can register for the PMP as an agent of that prescriber and they can access the information on behalf of the prescriber. As far as the doctor shopping, the statistics seem to indicate that the real widespread doctor shopping by patients has really dropped since the program began. The number of prescriptions and the dosage units that are being prescribed on an annual basis continues to rise so it does not appear that there is what is commonly referred to as a chilling effect with the use of this program. The Board does not send out unsolicited reports regarding patients. This is only driven from the prescriber or pharmacist so if they do want information on the patient they do have to query the program. They did try to amend the law for the Prescription Monitoring Program last year so that they would be able to share the data across state lines. That again did not make it through. They will be proposing something again this year. The board hasn't determined yet whether they are going to ask for nationwide sharing or connect with boarder states or boarder plus one or something along those lines. Forty-nine of fifty states now have active PMPs. The only state that does not is Missouri, and Washington D.C. does not yet have PMP; those are the only holes. Right now there are 22 states that are sharing data through the National Association of Boards of Pharmacy and they expect by the end of the year that they will have 33 or more states signed up to use that interconnect program

Child Welfare Differential Response

Lori Lipscomb stated Differential Response is an approach used by child protective agencies to have more than one way of responding to allegations of child abuse. To date, 23 states' child protective systems include some form of Differential Response. In April 2012, Governor Branstad signed House File 2226, directing DHS to conduct a "comprehensive review to determine whether to recommend a different response to child abuse reports when the initial report is received by the department." In the 2013 legislative session, House File 590 was passed by the Iowa House and Senate with bipartisan support. The bill was signed into law by Governor Branstad on May 24, 2013. Differential Response Systems are more family-friendly, flexible, and better able to engage and empower families in making changes to improve child well-being while still keeping children safe. The following is the website link for

more information on Differential Response: http://www.dhs.state.ia.us/Consumers/Child_Welfare/CW_Menu.html. Effective July 1, 2013, the available types of drug testing under the new contracts include: Urine, Hair, Sweat Patch and Instant Tests (urine).

Juvenile Justice Plan

Paul Stageberg stated they just received a grant for approximately \$100,000 that would enable them to establish online detention screening in the courts information system. This is a one year project. Just recently they had their Public Safety Advisory Board meeting and two issues were addressed with recommendations. The legislative council asked them to take a look at kidnapping in response to the Klunder case and they have a draft paper that they are about ready to send out to the group to review. They are going to have some recommendations for change. The group will likely recommend some flexibility for judges in using the 70% mandatory minimum. One of the options is to reduce that 70% to a lower figure and let the Parole Board sort it out as to whether it is appropriate to release somebody beforehand. This option would give judges more discretion than they currently have. The study that was conducted, among other things, shows that people sentenced to prison on 70% crimes in terms of risk are less risky than the prison population as a whole and lower risk for future recidivism. There is no recommendation to change the 85% cap. They think that if you have a truly dangerous offender the Parole Board ought to be able to delay release until that 85% time. That will offer that opportunity to incapacitate truly dangerous offenders for long periods of time. This is not a new issue but in previous years there have been a number of recommendations that the Public Safety Advisory Board has made and one of them pertained to mandatory minimums for drug offenders. That was released a couple of years ago and the Public Safety Advisory Board is including the recommendation they made then in this year's report.

Affordable Care Act Impact on Iowa Substance Abuse Services

Kathy Stone stated the Affordable Care Act should improve access and availability of services. There are four key pieces of the Affordable Care Act; the increased access to healthcare in general, it requires that substance abuse be a covered service under any new health plans that have developed, it requires substance abuse services be equal to or consistent with other kinds of healthcare services, and they can't deny or charge higher premiums for people with particular diagnoses like substance abuse disorders.

Iowa Medicine TLC

The Governor's Office of Drug Control Policy, in conjunction with the Iowa Substance Abuse Information Center (ISAIC) and the Department of Public Health, is working on a new anti-prescription drug abuse campaign. Dale Woolery stated that yesterday in Cedar Rapids they formally launched the Iowa Medicine TLC Public Education Campaign. TLC stands for Talk, Lock, Connect developed by ME&V, an ad agency out of Cedar Falls. It's an attempt to help Iowans prevent and reduce prescription drug misuse and abuse on the home front. There is a public service and social media component that will go on for the next several months. A point of service material was passed around and this is something that they are planning to distribute to Iowans via physicians and other prescribers, pharmacists, pharmacies, and it was sized so that it could potentially be put by pharmacists into prescription bags. The real target on this is parents of teenagers. We have the lowest rate of prescription drug abuse in the nation according to the NASDA survey but it is still too high. The trend lines all show, just like the rest of the nation, whether it's overdose deaths or poison center calls, there is a dramatic increase over the last decade in each of the trend lines. So we want to get those to turn the other direction and hopefully prevent a younger generation from getting into trouble. The next biannual take back event will be Saturday, October 26th that involves DEA and local law enforcement in communities where they choose to participate.

Legislative Updates

Steve Lukan stated there were two bills that actually passed the House last year that are over in the Senate. One would clarify who has control over scheduling of marijuana in Iowa and this would clarify that it is a legislative vote. It would take the Pharmacy Board out of control of this. There is some vagueness in the law today. There is a bill that would provide interstate connectivity of the Prescription Drug Monitoring Program. It would look to link people who are in the Medicaid Lock-in Program and would help get some of that information noted in the Prescription Drug Monitoring Program too. Another item that ODCP is working on for a legislative piece would deal with synthetic drugs. Steve will be heading to Washington the end of this month to participate in a summit with the National Alliance for Model State Drug Laws (NAMSDL) to look at what other states are doing. Someone will also be coming from the United Kingdom to talk about some efforts overseas on controlling these through the legal process.

Agency/Organization Updates

Shannon Pogones of the Alcoholic Beverages Division stated they just wrapped up last week their second year of hosting the conference Symposium 21 at the Embassy Suites in Des Moines on October 2nd and 3rd. This is the second year that they have hosted the conference. This year marks 80 years of alcoholic regulation in Iowa. Iowa is one of 17 controlled states. Kathy Stone stated they are working on Operation Emerging which involves working with the National Guard. There are all sorts of issues that the National Guard face and it gives them a two day opportunity to get a brief feel for what the members face. Their annual Prevention Conference is in November. The Governor's Conference will be in April as usual. They are moving forward with their Families and Focus Group which is intended to expand and improve services to youth and to their families in terms of substance abuse and recovery. They are also working on expanding Telehealth services. It is the ability to provide long-distance clinical health care, patient and professional health-related education, public health and health administration since not all communities have services available in their areas. They just started a Youth Suicide Prevention Grant, working closely with the Department of Education to decrease bullying and increase suicide prevention and education. Steve DeJoode stated methamphetamine is probably their most widespread threat across the state. The last five years as far as production and importation from Mexico is on an upward trend. There is concern in regard to methamphetamine as far as the purity level; the average purity level is 98% to 100%, and this is something that has not been seen before. By comparison, in 1998 through 2006 the purity levels ranged between 14% to 40%. Another emerging threat is the opiate addiction from pain medications. Users will migrate from pain medications to heroin. Heroin is currently on the rise. Eastern Iowa is the area where they have seen it the most but they are now seeing it in south central Iowa and north central Iowa. Cyndy Erickson stated they are looking at more training for teachers and looking at how they can be aware of the factors that might indicate a youth might have some suicidal tendencies. They are working with IDPH and other state agencies and community groups with a taskforce to find out what kind of training they can provide teachers. They are also in their final year of the Safe and Supportive Schools Grant. This has helped them look at conditions for learning that relate to school safety, student engagement, and the overall learning environment. The measurement system that they have used for safety, engagement, and environment is built right into the Iowa Youth Survey administered in 2012. Col. Staton stated in FY 2013 the National Guard did 50% testing for substance abuse of their soldiers and airmen. The Department of Public Defenses' criteria for current and future years is to test 100% of their force again. This is because the military has found that substance abuse is a huge contributing factor in suicide, sexual assault, and those things that are really affecting the force right now. Jane Larkin stated the National Substance Abuse Prevention Month is coming up in November. Jane also invited everyone to a presentation given by Linda Kalin on November 19.

Adjourn

Next meeting - to be announced. There, being no other business, the meeting was adjourned at 2:55 p.m.



Cinnamon Weinman



Steve Lukan